

N98 00000 5037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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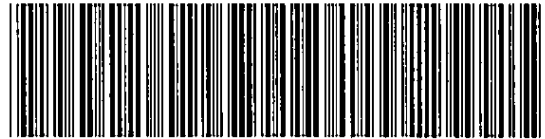
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Villa Vistana Homeowners' Association, Inc.
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$35.00	<input type="checkbox"/> \$43.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$43.75	<input type="checkbox"/> \$52.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Grigsby Law, P.A.
Name (Printed or typed)

9240 Bontia Beach Rd., Suite 1117

Address

Bonita Springs, FL 34135

City, State & Zip

239/948-9740

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME Villa Vistana Homeowners' Association, Inc.
The name of the corporation is:

ARTICLE II RESTATED ARTICLES See attached.
The text of the Restated Articles is as follows: _____

2025
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12:22

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)